

MISOPROSTOL

Recommended Dosages 2012				
800µg	Induced abortion ¹ 800µg pv <u>or</u> sl 3 hrly (max x3 within 12hrs) ^a			PPH treatment
600µg	Missed abortion 800µg pv 3 hrly (max x2)			800μg sl single dose ^f
	or 600μg sl 3 hrly (max x2) ^b			PPH prophylaxis² 600μg po single dose°
	Incomplete abortion ^{2,3} 600µg po single dose ^a or			σουμά μο sirigle dose
400µg	400μg sl single doseª			
	Cervical ripening pre-instrumentation 400µg pv 3 hrs <u>or</u> sl 2-3 hrs before procedure ^a	Induced abortion ^{1,4} / Interruption of pregnancy 400µg pv <u>or</u> sl 3 hrly (max x5)ª		
200µg		Intrauterine foetal death ⁴ 13-17 wks 200µg pv 6 hrly (max x4)°		
100µg		Intrauterine foetal death ⁴ 18-26 wks 100µg pv 6 hrly (max x4)°		
25µg			Intrauterine foetal death ⁵ 25µg pv 6 hrly <u>or</u> 25µg po 2 hrly ^d	
			Induction of labour ^{2,5} 25µg pv 6 hrly <u>or</u> 25µg po 2 hrly ^d	
	Care with previous uterine scar and caesarean section			
	1st Trimester	2nd Trimester	3rd Trimester	Post-Partum

Check for updates at www.figo.org

Notes

- 1 Only use where legal and with mifepristone, where available
- 2 Included in the WHO Model List of Essential Medicines
- 3 Leave to work for 1-2 weeks unless excessive bleeding or infection
- 4 Halve dose if previous caesarean section or uterine scar
- 5 Make sure you use the correct dosage overdose can lead to complications. Do not use if previous caesarean section

Reference

- **a** WHO/RHR. Safe abortion: technical and policy guidance for health systems (2nd edition), 2012
- **b** Gemzell-Danielsson et al. IJGO, 2007
- c Gómez Ponce de León et al. IJGO, 2007
- d WHO recommendations for induction of labour, 2011
- e FIGO Guidelines: Prevention of PPH with misoprostol, 2012
- f FIGO Guidelines: Treatment of PPH with misoprostol, 2012